

- The MONTH with the EDITOR -

Notes, reflections, comment upon medical and health news in both the scientific and public press, briefs of sorts from here, there and everywhere.

"I have weighed in a nice scrupulous balance whether it be better to serve men or be praised by them, and I prefer the former."

Thus Thomas Sydenham, the father of clinical medicine, answered his numerous detractors. Decision on this point every physician must make and upon that decision will rest the endurance of his name. The Immortal Sydenham upon being asked, by a young doctor, what to read to improve himself in medicine is said to have replied, "Read Don Quixote." Here we get another glimpse of the philosophy of one of the remarkable physicians of all time.

These and other gems are culled from a little fifty-page book on Thomas Sydenham, clinician, by Dr. David Reisman, recently published by Paul B. Hoeber, Inc.

Sydenham, Osler, and other physicians now among the Immortals, all caution against too narrow reading. Philosophy, logic, culture, intellectual poise, so essential to the useful physician in his daily contact with life awry, are not only secured but must be nourished by good reading, of which there is none better than the biographical briefs of a great physician. Reisman's little monograph on Sydenham is one of these. A postcard to advertisers in this edition will secure your copy, and you can read it during an hour of recreation.

Physicians who are interested in their own welfare and in the cause of medical progress should read the editorial (Journal A. M. A., May 8, p. 1458) on "The Incubus of the Harrison Narcotic Act" and the proposals for "strengthening" it on page 1478 of the same issue—AND ACT.

Further information about this type of bureaucratic control of the practice of medicine by tax collectors is discussed editorially in the May, June, and July issues of CALIFORNIA AND WESTERN MEDICINE.

A large department store in San Francisco recently gave countenance, space, and helpful propaganda to a representative of an outstanding health cultist.

One member of the San Francisco County Medical Society, George W. Hartman, wrote the management of the store a simple, dignified, nonlibelous protest. The management promptly showed interest and asked for evidence, which was furnished by the Department of Investigation of the American Medical Association. Result, this store will be more careful in the future.

When a department store dispenses or promotes shoddy goods pertaining to health, intelligent clients are apt to question their methods in the selection of more material things.

A dignified protest from a few doctors interested in human welfare against any of the numerous shoddy and shady health matters department stores are ever going deeper into would have a very wholesome effect.

The controversy going on in the secular and semi-scientific press as to whether crime is a disease or pure cussedness and whether it is a result of heredity or a consequence of environment would be amusing were it not the froth that obscures the vision of tragedy. Every physician knows, of course, that crime is not a social entity any more than headache is a disease entity. From the point of view of causes, manifestations or consequences, crime, like headache, is a symptom of many things. Crime may be the symptom of a disease; it may be pure cussedness; its soil may be prepared by heredity; it may be a logical sequence of environment; it often has

its roots in all of these, and frequently all of them are blameless.

We are considering crime today with about as much intelligence as the Greek physicians considered fever when they thought it was a disease and used artful arguments to show that all fevers were produced by one particular cause. A little more study of the evolution of medical knowledge and a little more reasoning from analogy and facts would eliminate over 90 per cent of the information (?) about crime now so extensively broadcasted. And even more to the point, it would lead to the avoidance of widespread and unbelievably stupid practices which are the vogue of the moment.

One hundred years ago Dr. Benjamin Rush, a signer of the Declaration of Independence, reported a case of rheumatism which he cured by removing a diseased tooth.—H. J. Jurgens, M. D., Quincy Medical Bulletin.

A great foundation had made a critical analysis of 17 plus thousand prescriptions collected haphazard from the files of prescription drug stores. They found that 10 per cent were for proprietary medicines, and about 50 per cent were so written as to call for the skill of an educated pharmacist to compound. The others called for simples or standard preparations from approved sources. This showing is better than many had thought it to be.

Books about sex continue to be produced with unabated fury. A few—very few—of them are worth reading; more are insipid, stupid; some are frankly intriguing and many are what some reviewers call bilge. Not being able to saturate decent people with homemade bilge, some publishers are putting out copies translated from other languages to meet the emotional demands of morons and unstable adolescents.

Every voter must register on or before July 31, 1926, or he will not be entitled to vote in the important forthcoming fall elections. Registrations previous to 1926 do not count. There must be a fresh registration this year on or before the date mentioned.

In view of the many important issues to be voted upon, physicians are urged to personally register and to acquaint their friends of these facts, asking them to use every means possible to get this message to all voters.

According to the League of Nations, infant births and deaths are both steadily decreasing throughout the civilized world. These facts apply in far countries—"backward countries"—as well as in those where medicine is practiced by government bureaus.

A post mortem is an audit of our work—the only audit we have on our own reasoning, diagnosing and treating of patients. Any doctor who does not want an autopsy is thought of with a slight suspicion of "Perhaps there is something that would better be never known." In the hospital world the number of autopsies is one criterion as to whether a hospital is good or bad. The best type of medical work is impossible without autopsies.—Queen's Hospital Bulletin.

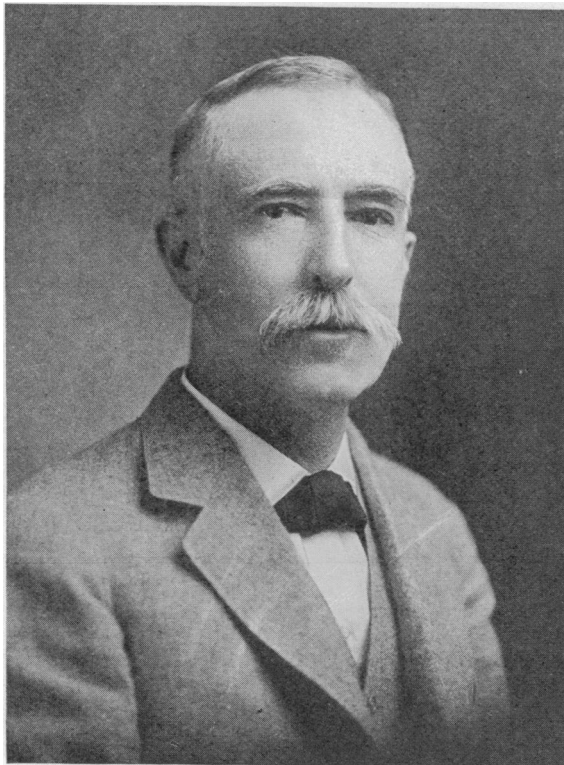
Sir William Read, who in the early seventeen hundreds was classed as an advertising quack, who was knighted in 1705 and later served as oculist to the queen,

died in 1715. *His widow continued his practice.* Thus we have a precedent for several "new" customs of our day.

"Schenectady has reorganized the city public health nursing service so that there are now six districts with a nurse in each caring for all aspects of health nursing. Heretofore each nurse has been assigned to a special branch of health work covering the entire city."

There never was any other intelligent course.

Probably three-quarters of all doctors today are general practitioners, that is, physicians whose aim it is to recognize disease, to deal with all the more common maladies by advice and treatment, and to know when to refer patients to specialists. The general practitioner is at present facing many difficulties. The specialist tends to monopolize prestige and to receive relatively much larger fees. Laboratory and hospital facilities which the modern doctor ought to have are expensive and often inaccessible.—Annual Report, Rockefeller Foundation.



JAMES H. PARKINSON

Report of the Chairman of the Council—Members and guests at the recent session of the California Medical Association missed the geniality and directing ability of Dr. James H. Parkinson, so long chairman of the Council, who was compelled to be absent on account of illness.

Doctor Parkinson's excellent and complete report as chairman of the Council made a favorable impression, and had a strong influence in directing the affairs of organized medicine, as has his conduct throughout his long years of service.

A slight appreciation of this devoted service and the regret of the Association at the absence of one of its leaders was expressed in a resolution of the House of Delegates, that the "secretary express to Doctor Parkinson our regret and sorrow for his inability to be with us, and that she accompany this expression of regret with flowers.

Eva C. Reid of San Francisco displayed unusual courage for this day and age when she stated at the re-

cent convention of the California Federation of Women's Clubs that "what is needed to stop delinquency is the fear of certain punishment for wrongdoing. The sooner this is instilled in the minds of our children the better it will be for both the home and the state." Every now and then someone reiterates the fundamental importance of discipline in character building, and signs are not lacking that the days of the "shingle and the woodshed" may return.

Character is what a man is, not what reputation considers him. *Character is one's intrinsic value*, not his value in the market of public opinion. It is not learning; it is worth. "Character is greater than intellect. How many brilliant intellects about us are besmirched by faults and vices so gross that they have fallen from their high estate and now none so poor to do them reverence."—Rudolph Matas, New Orleans Medical and Surgical Journal, April, 1926.

Medical bootleggers seem to be learning a lesson from the other kind as to the ease and safety with which law may be disregarded. In the efforts of the Board of Medical Examiners to induce the San Francisco Telephone Company to carry only licensed physicians and surgeons in their classified list under this title, they have run across some remarkable opposition. One naturopath *insists* upon keeping his name in this classified list of physicians and surgeons, and insists, in spite of law and court decisions, that he has a right to keep it there and to practice surgery if he wants to.

He probably will.

California, Nevada, and Utah Doctors Publish Elsewhere:

(Note.—Members of the California, Nevada, and Utah Medical Associations are invited to supply the editor with reprints or marked copies of magazines containing their articles or very brief abstracts. All that we receive will be noted regularly in this space.—Editor.)

—**Samuel A. Durr, M. D.,** San Diego, "The Operations for Glaucoma," *Am. Journ. Ophth.*, March, 1926. In this article the better known operations for glaucoma are compared with reference to their relative value in different types of cases. The conclusions reached are based on a survey of the literature regarding the different procedures; they are as follows:

1. No one operation can be used in all cases.
2. Iridectomy is the operation of choice in acute glaucoma, together with preliminary posterior sclerotomy, or adrenalin, if needed. Trephining or iridotaxis is permissible.
3. The Elliot trephine should be used in chronic non-congestive glaucoma; especially with contracted fields iridotaxis may be done. Cyclodialysis may be tried first, reserving the trephine for resistant cases.
4. Iridectomy should be performed in glaucoma due to swelling of the lens.
5. Buphthalmus is best combated by trephining or repeated posterior sclerotomies.
6. Cyclodialysis should be used in glaucoma due to disease of the retinal vessels, and it may be done in patients who have chronic conjunctivitis.
7. Adrenalin is valuable in ophthalmoscopic examination as a therapeutic agent and as an aid to operation.

—**P. K. Gilman,** San Francisco, "Nitrous Oxid and Local Anesthesia in Abdominal Surgery," *Am. Journ. Surg.*, January, 1926.

—**Hazel E. Field,** University of California, Publications in Physiology, the immediate effects of tobacco smoke on the activity of rats, in a preliminary experiment concludes:

"Experiments show that the immediate after-effect of smoking on the spontaneous activity of rats is a marked stimulation with the dosages and the type of tobacco so far used."

—**E. B. Towne, M. D.,** San Francisco, "Roentgen-Ray

Treatment of Pituitary Tumors," Arch. Neurol. and Psychiat., January, 1926; "Invasion of the Intracranial Venous Sinuses by Meningioma (Dural Endothelioma)," Ann. Surg., March, 1926.

—A. J. Scott, Jr., M. D., and A. H. Zeiler, M. D., Los Angeles, "Congenital Cardiac Hypertrophy, Case Report," Am. Journ. Dis. Child, January, 1926.

—William Everett Musgrave, M. D., San Francisco, "Using Discretion While Bestowing Relief," Mod. Hosp., May, 1926.

—W. H. Manwaring, M. D., Ralph W. Wright, and Phil W. Shumaker, San Francisco, "The Relation of Anaphylaxis to Immunity," studied by passive sensitization in dogs, Journ. A. M. A., April 24, 1926.

The physician who is a specialist in infant feeding and who also promotes birth control carries the tradition that physicians constantly attempt to eliminate the need for their services too far.

Sweeping assertions that curative medicine will give way entirely to preventive measures and that the private practitioner will gradually yield his place to the salaried officer of health are both unfounded and harmful.—The Nation's Health, April, 1926.

Plastic Doctor Removes Grin from San Francisco Man, say display newspaper headlines. Why all this excitement about a common operation?

According to official figures smallpox continues to be a popular, stupid, filthy method of committing suicide in California. The practice among adults is likely to do much toward elevating the intelligence of future generations. The pity of it all is that the stupid adult fools who invite this disaster throw their dirty garbage on poor innocent children and incompetents.

"PHYSICIANS JOBLESS: STORK FAILS TO FLY"—Under headlines like these newspapers note that the falling birth rate in Germany is forcing obstetricians, and even midwives, into the "Dole Line."

The stork is still a healthy, active bird in Germany, but birth controllers are stealing her eggs before they hatch.

Periodic health examinations, as properly conducted on the basis of close personal relationship between the examiner and the examinee, are nothing more than an honest, conscientious practice of medicine by an individual upon an individual, and both co-operating to the end that the best health of the patient may be maintained.—Ohio State Medical Journal, May, 1926.

Are we destined to see the phrase "as inaccurate as the listings in the classified sections of telephone directories" come into general use? The Board of Medical Examiners deserve commendation for their efforts to induce the telephone companies to make such listings a little more accurate than they have been. The task, for some unexplained reason, seems to be a difficult one.

Careful estimates would indicate that properly qualified general practitioners of medicine, aided by moderate home laboratory facilities, will be able to make a correct diagnosis and give all necessary instruction and treatment to at least 80 per cent of all the people who seek his aid, while 20 per cent of specialists, including internists and general surgeons, all thoroughly educated and trained, will be ample in number to care for the sick who need highly specialized service. Furthermore, the same proportion will to a large extent hold true of those who require hospital and special laboratory service.—Wendell C. Phillips, Journal A. M. A.

THE DOCTOR AND THE CHANGING ORDER

George E. Vincent, President of the Rockefeller Foundation, discussing this subject before the New York Academy of Medicine, November 19, 1925, said in part:

"Individualists have been described as people who cannot see the woods for the trees, and collectivists as folk for whom the forest obscures the single oaks, hemlocks, and beeches. The former think of life in terms of personal aims, rights and duties; the latter seem to regard community or nation or mankind as great organic entities of which men and women are hardly more than constituent elements, cells in a social body. The individualist naturally believes in freedom of the will; the collectivist tends toward determinism. Each theory pushed to an extreme deals with an abstraction: on the one hand an isolated person, on the other an impersonal unity. Both views have value; they are ways of approach to the bewildering complexity of life; they help one to analyze and simplify.

"Doctors may be looked at usefully either as individuals living their own personal lives, increasing their knowledge and power, demanding their rights, protecting their privileges, helping their fellows, or they may be regarded as servants of society, controlled, subordinated, even exploited for the common welfare. For obvious reasons doctors have been individualists. Until recently there has been no question of their being anything but independent and self-sufficient. Their services have been intimately personal. To them the world is quite obviously peopled by separate persons; no wonder the doctors see the trees instead of the forest.

"So long as society led the simple life of the countryside, village, and small town with diversified agriculture, cottage industries, local markets, slow transport, and leisurely spread of news; and so long as each doctor knew almost all there was to know of medicine and its arts, the relations of physicians to their communities presented few problems. Like the lawyer, merchant and school teacher, the doctor was an individualist, a self-sufficient, independent unit in close and neighborly contact with his patients.

"But society no sooner settles down to a routine of custom and habit than something happens. A conqueror invades the land, or more disturbing still, someone has a new upheaving idea which cannot be suppressed. Then the game of adjustment begins all over again. In prosperous, pioneer lands, this is called progress; in older disillusioned societies people are not sure that it is anything more than change. But whether it be headed straight for a millenium, or started on a slowly recurring spiral, or only doing another lap on a vicious circle, it disturbs the peace, raises problems and, worst of all, compels a few people to think, or at least to 'rearrange their prejudices.'

"Although the sick benefits of lodges, benevolent orders, labor unions, the voluntary health insurance schemes of Denmark and Norway and the compulsory systems of Germany and Great Britain cover very large groups of people, the medical service is rendered by contract or panel doctors, the vast majority of whom are general practitioners working in their own offices. There is little or nothing in the form of clinics. The medical care is probably, on the whole, inadequate and certainly unorganized. Commercial insurance companies which issue policies against sickness do not, for obvious reasons, offer organized medical service to their patrons. These persons resort to practitioners of their own choosing.

"It looks as if society means to insist upon a more efficient organization of medical service for all groups of people, upon distribution of the costs of sickness over large numbers of families and individuals, and upon making prevention of disease a controlling purpose. Just how these ends will be gained, only a very wise or very foolish man would venture to predict. One thing seems fairly certain: In the end society will have its way."

And if he, or anyone about whom he cares, does wrong, he ought of his own accord to go where he will immediately be punished; he will run to the judge, as he would to the physician, in order that the disease of injustice may not be rendered chronic and become the incurable cancer of the soul.—Plato.